Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SUMMIT REHAB CENTERS
C/O THE MORRIS LAW FIRM
702 S BECKLEY AVE
DALLAS TX 75203

Respondent Name

NETHERLANDS INSURANCE CO

Carrier's Austin Representative Box

Box Number 01

MFDR Tracking Number

M4-07-0909-01

MFDR Date Received

October 12, 2006

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "DOS 3/15/06, 7/12/06 and 7/13/06: NO EOB was provided to treating doctor... DOS 3/17/06 through 5/31/06: All the physiotherapy was preauthorized, included please find authorization letters. PT code 97116 was cited as global in the month of May 2006, and I not incidental to other modalities from same date of service."

Amount in Dispute: $2,038.78

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Enclosed herewith is documentation to support the position taken by Respondent, American First Insurance with respect to Requestor Summit Rehab Center's request for Medical Dispute Resolution."

Response Submitted by: Harris & Harris Attorneys at Law

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 15, 2006 through July 13, 2006	Physical therapy services, office visits and muscle testing	$2,038.78	$180.88

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute filed on or after January 1, 2002.
2. 28 Texas Administrative Code §134.202 sets out the fee guideline for professional medical services provided on or after September 1, 2002.
3. 28 Texas Administrative Code §134.600, effective March 15, 2004, sets out the preauthorization requirements.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 116 – Timed procedure – Submit treatment time
- 16 – Not all info needed for adjudication was supplied
- 130 – Services unsubstantiated by documentation
- B15 – Procedure/Service is not paid separately
- W1 – Workers' Compensation State Fee Schedule Adj.
- R38 – Included in another billed procedure
- R82 – CCI; HCPC/CPT separate procedure definition
- R84 – CCI; most extensive procedure
- R88 – CCI; mutual exclusive procedures
- 50 – Services not deemed "Medically Necessary" by payer
- 62 – Pre-certification/authorization absent or exceeded
- R79 – CCI; Standards of Medical/Surgical Practice

Issues

1. Did the requestor resolve the medical necessity issues prior to requesting Medical Fee Dispute Resolution?
2. Did the requestor obtain preauthorization for dates of service March 17, 2006 through March 29, 2006 for the physical therapy treatment?
3. Are the disputed services bundled into other services rendered on the same day?
4. Did the requestor submit documentation to support that the services rendered were properly documented for HCPCS codes 97110 and G0283?
5. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §133.307 "(a) Applicability. This rule applies to a request for medical fee dispute resolution for which the initial dispute resolution request was filed on or after January 1, 2002. Dispute resolution requests filed prior to January 1, 2002 shall be resolved in accordance with the rules in effect at the time the request was filed. In resolving disputes over the amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the commission is to adjudicate the payment, given the relevant statutory provisions and commission rules. Medical necessity is not an issue in a medical fee dispute." Review of the documentation finds:
    - The insurance carrier denied offices visits rendered on March 22, 2006, March 23, 2006, March 29, 2006, and April 17, 2006 with denial reason "50-Service not Deemed 'Medically Necessary' by payer."
    - The proper venue to resolving a dispute of medical necessity is the IRO process.
    - The Medical Fee Dispute Resolution section does not have jurisdiction to review disputed charges with unresolved medical necessity issues. Therefore reimbursement cannot be recommended for the office visits in dispute.
2. Per 28 Texas Administrative Code §134.600 "(h)The non-emergency health care requiring preauthorization includes: (10)rehabilitation programs to include: (A)outpatient medical rehabilitation..." Review of the documentation finds:
    - The insurance carrier denied physical therapy sessions rendered on March 17, 2006, March 23, 2006, March 24, 2006, and March 29, 2006 with denial reason "62-Precertification/authorization absent or exceeded."
    - Review of the preauthorization letters submitted by the requestor did not include a copy of a preauthorization letter to cover the disputed dates of services indicated above.
    - Preauthorization was required and not obtained.
    - For the reasons noted above, reimbursement for the disputed physical therapy sessions rendered on March 17, 2006, March 23, 2006, March 24, 2006, and March 29, 2006 cannot be recommended.
3. Per 28 Texas Administrative Code §134.202 "(b) For coding, billing, reporting, and reimbursement of

professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section." CCI edits were run to determine if edit conflicts exists for dates of service August 13, 2003 through October 31, 2003. The following CCI edit conflicts were identified:

- Date of service April 26 28, 2006, procedure 97530 and component procedure 97116 are unbundled. The standard policy statement reads "More extensive procedure." No separate payment can be recommended for CPT code 97116.
- Date of service April 26, 2006, procedure 97140 and component procedure 97530 are unbundled. The standard policy statement reads "Mutually exclusive procedures." No separate payment can be recommended for CPT code 97530.
- Date of service April 28, 2006, procedure 97530 and component procedure 97116 are unbundled. The standard policy statement reads "More extensive procedure." No separate payment can be recommended for CPT code 97116.
- Date of service May 3, 2006, procedure 97530 and component procedure 97116 are unbundled. The standard policy statement reads "More extensive procedure." No separate payment can be recommended for CPT code 97116.
- Date of service May 5, 2006, procedure 97530 and component procedure 97116 are unbundled. The standard policy statement reads "More extensive procedure." No separate payment can be recommended for CPT code 97116.
- Date of service May 8, 2006, procedure 97530 and component procedure 97116 are unbundled. The standard policy statement reads "More extensive procedure." No separate payment can be recommended for CPT code 97116.
- Date of service May 10, 2006, procedure 97530 and component procedure 97116 are unbundled. The standard policy statement reads "More extensive procedure." No separate payment can be recommended for CPT code 97116.
- Date of service May 12, 2006, procedure 97530 and component procedure 97116 are unbundled. The standard policy statement reads "More extensive procedure." No separate payment can be recommended for CPT code 97116.
- Date of service May 15, 2006, procedure 97530 and component procedure 97116 are unbundled. The standard policy statement reads "More extensive procedure." No separate payment can be recommended for CPT code 97116.
- Date of service May 17, 2006, procedure 97530 and component procedure 97116 are unbundled. The standard policy statement reads "More extensive procedure." No separate payment can be recommended for CPT code 97116.
- Date of service May 19, 2006, procedure 97530 and component procedure 97116 are unbundled. The standard policy statement reads "More extensive procedure." No separate payment can be recommended for CPT code 97116.
- Date of service May 22, 2006, procedure 97530 and component procedure 97116 are unbundled. The standard policy statement reads "More extensive procedure." No separate payment can be recommended for CPT code 97116.
- Date of service May 31, 2006, procedure 97530 and component procedure 97116 are unbundled. The standard policy statement reads "More extensive procedure." No separate payment can be recommended for CPT code 97116.
- Date of service July 12, 2006, procedure A4556 is an item or service for which payment is bundled into payment for another physician services. No separate payment can be recommended for HCPCS code A4556.

4. Per 28 Texas Administrative Code §134.202 "(c) To determine the maximum allowable reimbursements

(MARs) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: (1) for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by CMS multiplied by 125%. For Anesthesiology services, the same conversion factor shall be used." Review of the documentation finds:

- The requestor billed HCPCS code G0283 on July 13, 2006. The insurance carrier denied the charge with denial reasons "130 – Services unsubstantiated by documentation" and "16 – Not all info needed for adjudication was supplied."
- Review of the Clinical Note documents that one unit on the Clinical Note and billed one unit as indicated on the CMS-1500. The CMS fee schedule amount is $10.86 x 125% = $13.58. The requestor is entitled to $13.58 for HCPCS code G0283.
- The requestor billed CPT code 97110 on July 13, 2006. The insurance carrier denied the charge with denial reasons "116 – Timed procedure – submit treatment time", "16 – Not all info needed for adjudication was supplied" and "130 – Services unsubstantiated by documentation."
- Review of the Clinical Note documents 68 minutes of CPT code 97110. Review of the CMS-1500's documents that the requestor billed for 6 units of CPT code 97110.
- The Guidelines for Medicare's 8 Minute Rule is 68 minutes to 82 minutes equals 5 units. The requestor documented 5 units of 97110 per Clinical Note. The CMS fee schedule amount is $26.77 x 125% = $33.46 per unit. The requestor is entitled to $167.30 for CPT code 97110.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $180.88.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $180.88 plus interest accrued per 28 Texas Administrative Code §134.130 and §134.803, as applicable, due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	February 27, 2013 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.